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Inner Strength in Cancer Survivors: The Role of Spirituality in Establishing  
Connectedness

Deborah Rufener

The Ohio State University

College of Nursing

**Abstract**

A diagnosis of cancer can yield uncertainty in the lives of patients and family. Through the process of reflection and self-discovery, the patient often uses spirituality as an integral component of coping. The theory of inner strength describes the developmental process through which cancer survivors can attain a sense of support and nurturance to develop a 'new normal'. Spirituality may promote connectedness, an integral component of inner strength that leads to a sense of self-determination and mastery. To explore application of the theory, spirituality, as a means of coping and moving beyond cancer was investigated in cancer survivors. A descriptive study design was used to explore a greater understanding of the meaning of spiritual care to cancer survivors. Focus groups with group interviews and open discussion were conducted to examine the perceived needs of cancer survivors and gaps in spiritual care by providers. A heterogeneous sample of seventeen cancer survivors was invited to participate and subsequently interviewed. Data was transcribed and reviewed to identify themes related to spiritual care.

Strong correlations emerged between inner strength, knowing one's personal spirituality and creating a "new normal". One participant said "it is partly spiritual, but it's that inner strength that gives you that ability to fight what you have to fight." Survivors described walking different paths but sharing a journey. These themes support the theory of inner strength, particularly connectedness by nurturing supportive relationships with self, family, friends, and a spiritual power. Cancer survivors have a positive self-concept which enhances quality of life. The theory of inner strength is an

effective model to examine expressed needs and concerns of cancer survivors.

Application of data to this model may provide the healthcare provider with cues to nurture development of inner strength; it is also a model that can guide the choice of interventions to enhance self-determination and mastery of a 'new normal' following a cancer diagnosis may improve quality of life and self-management.

**Key words:** Cancer survivor, inner strength, spirituality, connectedness

## **Introduction**

This study explored the concepts of spirituality among cancer survivors and the establishment of connectedness on self-determination and mastery. It examined inner strength as a coping mechanism among cancer survivors with their narratives related to establishment of the 'new normal'. Through an understanding of this process, health care professionals can learn how to foster inner strength in cancer survivors.

## **Purpose / Specific aim**

A qualitative study was conducted to explore the meaning of spirituality to cancer survivors. The insight and experiences of cancer survivors were explored through group discussion with focused questions. Themes from this data supported the notion that the degree of inner strength provides a means to attain positive consequences of self-determination and mastery. The theory of inner strength contributes to improving survivorship through individualized nursing interventions.

*Specific Aim:* To explore the cancer patients' perceived needs for spiritual care.

## **Significance**

A diagnosis of cancer is one that can yield uncertainty in the lives of those affected, including the survivor, family, and caregivers. Once the diagnosis is confirmed and treatment plans are initiated, survivors and their loved ones must determine what the cancer diagnosis means to them and their future, and identify ways to cope. Through this process of self-reflection and discovery, survivors and their families often consider their spirituality to be an integral component of their coping strategy. The theory of inner strength describes the developmental process through which cancer

survivors can attain a sense of support and nurturance to develop a 'new normal'.

Spirituality may promote connectedness, an integral component of inner strength that leads to a sense of self-determination and mastery.

Unfortunately, spirituality may be under-assessed and overlooked by the oncology health care team. This may be related to the ambiguity of the term spirituality, attitudes and perspectives of the oncology health care team in providing care, and/or a knowledge deficit regarding the provision of spiritual care. According to Roux and Dingley (2011), understanding the experiences of individuals as they live with chronic illnesses such as cancer may guide care by identifying survivors' needs and potentially improve health outcomes.

To understand the meaning of the terms 'spirituality' and 'spiritual care', a review of some common definitions will be presented. Health care providers' attitudes and perspectives regarding spiritual care will be discussed, as well as potential barriers to the provision of spiritual care. Results from focus groups of survivors<sup>2</sup> and their expectations for spiritual care will be presented. Potential education and assessment techniques that may enhance the provision of spiritual care will be reviewed.

## **Review of literature**

### *Definition of spirituality*

There are a number of definitions (McBrien, 2006; McEwen, 2005; McEwan, 2004; McSherry, Cash, and Ross, 2004; Narayanasamy, 2004) for the term spirituality. The varying content of these definitions can be a source of confusion to nurses as they address components of assessment, intervention, and evaluation of spirituality. The

term may be defined differently between nurses, between nurse and patient, between nurse and family, as well as between the patient and their loved ones.

According to McEwen (2005), spirituality encompasses the essence of the person where relationships with others and an infinite being, searching for meaning and purpose in life, and the intertwining of the mind, body, and emotions are paramount.

McEwan (2004) identifies spirituality as having several components including (a) meaning; (b) value; (c) transcendence; (d) connecting; and (e) becoming. These components of spirituality provide an awareness of the meaning of life to the individual.

McBrien (2006) defines spirituality as a multidimensional concept that is often associated with religion, prayer, and unity with God when it actually "...goes beyond religion in that it gives meaning and purpose to life in times of physical and emotional distress..." regardless of religious affiliation. Narayanasamy (2004) defines spirituality as "...the essence of our being and it gives meaning and purpose to our existence."

McSherry and colleagues (2004) identify several properties of spirituality that influence how it may be defined: (1) it is the essence of what makes a person unique or whole, (2) it is a force that permeates all facets of a person's life and their being, (3) it has religious as well as non-religious components depending on an individual's personal definition of the term, and (4) it is supernatural or psychic where spirits may come back from the dead. The many terms related to spirituality, inherent meanings, and the lack of one true definition for the term can lead to confusion among patients and nurses.

Spiritual care among health care staff is often defined by the types of

interventions provided to patients, such as active listening, conveying acceptance, respect, and a non-judgmental attitude, and demonstrating empathy (Belcher, 2006). In addition to these interventions, Narayanasamy (2004) identified aspects such as self-awareness, effective communication skills, trust building, giving hope, and being a catalyst for the patient's spiritual growth. Other aspects of spiritual care include facilitating meditation, guided imagery, religious practices, prayer, therapeutic touch, therapeutic music, and referral to spiritual care experts (Belcher, 2006).

The holistic nature of nursing and the nature of relationship-based care, the model adopted by this institution lend themselves to openness in the provision of spiritual care. To help address the barriers described above, staff must first assess their own beliefs regarding spiritual care. Expectations must be identified by the care provider in conjunction with the patient/family's beliefs and expectations. The recognition of interventions by health care providers is important to the provision of spiritual care and must coincide with what patients and their family members identify as their own goals.

Patients and families describe expectations such as kindness and respect, talking and listening, prayer, connecting, quality temporal nursing care such as keeping the room clean and checking the patient frequently, and mobilizing religious or spiritual resources. According to McEwen (2004) problems with spiritual care can arise when nurses fail to acknowledge not only the patient's individual beliefs but also when determining whether a particular patient problem is psychological or spiritual in origin. In order for nurses to appropriately provide spiritual interventions it is a necessity to

know how to assess a patient for spiritual issues. Education and training are paramount to this process.

According to Yardley (2009) involving patients in spiritual care education and training may be a critical step needed to develop spiritual interventions which address patient needs. Self-awareness is realized through experiential learning with outcomes of values clarification, sensitivity, and tolerance. Spirituality is recognized through holism with competencies of (1) assessment of spiritual needs, (2) planning spiritual needs based care, (3) counseling and positive nurse-patient relationships, (4) judging the effectiveness of spiritual dimensions in nursing, (5) enhancing quality of care, (6) spiritual integrity, and (7) relief from spiritual pain. Spiritual care education for nurses enhances the ability for them to recognize the importance of spirituality in the lives of their patients and also influences their capability in conducting an assessment of their patient's spiritual needs (Narayanasamy (2004).

## **Theory of inner strength**

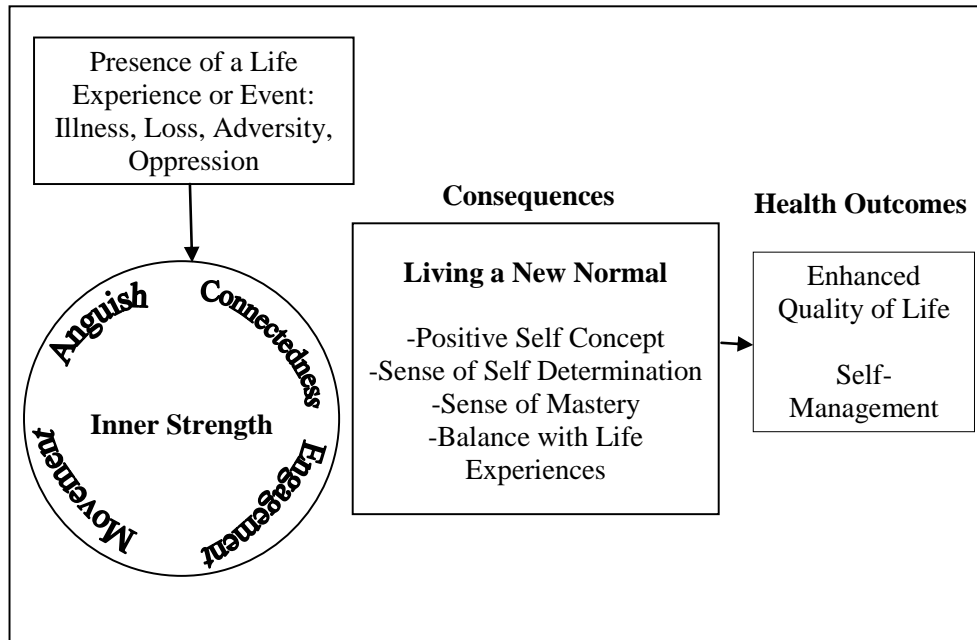
### *Theoretical framework*

The phenomenon of inner strength has been identified as a factor of physical and spiritual health. Previous research has demonstrated that women can foster inner strength as a dynamic element encompassing self-management and self-nurturing to improve quality of life while living with a chronic illness (Roux & Dingley, 2010). This paper will outline previous research that established the assessment of inner strength as a guide to nursing interventions, followed by the application of inner strength in cancer survivorship.



The middle-range theory of inner strength in women began as a framework to provide an understanding of experiences of chronic health conditions, such as breast cancer, heart disease, multiple sclerosis, and transplantation in women for health care professionals (Dingley, Roux, & Bush, 2000). Through multiple studies, the theory's authors expanded the theory beyond women and for others with challenging life experiences. In general, the theory acknowledges the general human response when presented with difficult circumstances and looks to interpret this dynamic process in order to help the individual grow and realize inner strength (Roux & Dingley, 2011).

The concepts surrounding the theory of inner strength (Figure 1) include: (1) anguish and searching which describe the process for finding meaning in the life experience, (2) connectedness which describes the supportive relationships with one's self, family, friends, and spiritual power, (3) engagement which describes self-determinism and viewing possibilities, and (4) movement which describe the balance of movement, rest, activity and honest evaluation of self (Roux & Dingley, 2011).

Figure 1. **Theory of inner strength***Inner strength*

Inner strength involves a multidimensional and multidirectional developmental process of growth. This process encompasses the total being, occurring at the physical, mental, emotional, social, and spiritual levels of each individual. Growing in inner strength encompasses a process of transition that involves choice points throughout the experience (Mendes et al., 2010). Living a new normal is exemplified by acquiring new activities, new relationships, a deeper understanding, a sense of purpose, and a renewed faith in God or a greater source of spiritual strength. Living a new normal is expressed by a deep, personal satisfaction experienced as a consequence of helping and supporting each other, which in turn serves as a sense of strength. Thus, the new normal is discovering meaning, self-determination, and mastery (Mendes et al., 2010).

**Design / Methods**

A descriptive exploratory study design was used to facilitate understanding of the meaning of spiritual care and perceived needs of cancer survivors; two patient focus groups with group interviews and open discussion were planned. Inclusion criteria included history of cancer (any type, any stage), inpatient or outpatient, greater than 18 years of age, ability to provide informed consent, and ability to understand English. Exclusion criteria included a cancer diagnosis of (only) non-invasive basal cell and squamous cell skin cancers, inability to provide informed consent, or inability to understand the English language.

Approval to conduct the study was obtained from the Cancer Internal Review Board at The Ohio State University. Potential cancer survivor participants for the planned focus groups (6-8 participants each x 2 groups) were identified through Volunteer Services at The James, as well as through clinical contacts by the research team. Convenience sampling was utilized to identify potential subjects from inpatient and outpatient units, with attention to various cancers, age groups, and ethnic variations (Table 1). A heterogenic sample of seventeen cancer survivors was recruited from The James Cancer Hospital & Solove Research Institute of The Ohio State University Medical Center.

Table 1. **Focus Group Survivor Demographics**

<b>Gender</b>	
Female	14
Male	3
<b>Age</b>	
20-30	1
30-40	0
40-50	1
50-60	3
60-70	7
70-80	4
<b>Ethnicity/Race</b>	
White	12
African American	5
<b>Type of Cancer</b>	
Breast	7
Squamous cell Carcinoma	2
Thyroid	1
Ovarian	1
Lung	1

Potential subjects were contacted via telephone, or in face-to-face conversation to invite their participation. The purpose of the focus group(s) was explained to potential participants. Participants were informed that the focus groups would be audiotape-recorded in order to facilitate full understanding of the participants' responses. Following verbal consent, written, informed consent was obtained. Focus group questions were provided to the participants in advance to provide adequate time for personal reflection.

The focus groups were conducted by the advanced practice nurses and research team participating in this study. Discussion was facilitated by the leader to generate data about the meaning of spirituality, perceived spiritual care needs, and the ability of

the oncology health care team to fulfill these needs. The previously provided list of questions guided discussion. The audio-tapes were subsequently transcribed and analyzed by the research team to identify dominant and/or recurring themes. These themes were then explored to find relevance to spirituality and needs.

## Results

The following topics were discussed during the group interviews:

- Who should provide spiritual care?
- Definition of spirituality
- Perceived needs
- Self-interventions for coping
- Suggestions for staff interventions

Themes that emerged from 'Who should provide spiritual care' included simple acknowledgements of, family, friends, and churches, pastoral care or chaplains within a hospital, and nurses. Other members of the oncology health care team were also identified, including physicians. Themes that emerged from 'Definition of spirituality' included centered around having a strong sense of self, especially inner strength or something greater within me, reaching inward, learning to accept myself and rise above, relationship with a Higher power, God, faith, hope, courage, journey of self-discovery and reexamining life to find true purpose, and confidence in the people around you.

Themes that emerged from 'Perceived needs' described needs of hope, bonds with nurses and building relationships that care for the mind and spirit not just the body,

care as a whole being, the mind-body-spirit connection, listening and being willing to talk, confidence in people around, having a sense of control, having connections all around, and looking at me, not through me. Themes that emerged from 'Self-intervention for coping' included reading books, mindfulness/guided imagery, music, prayer, meditation, affirmations of the positive/positive mental attitude, mind over matter, building a plan for life/getting on with the business of life, tai chi, walking, nature, and sharing experiences. Themes that emerged from 'Suggestions for staff interventions' were integrated therapy (breathing, prayer), bedside manner, empathy, compassion, being helpful and comforting, encouragement/emotional support/reassurance, listening, acknowledging internal spirituality, giving patients the opportunity to be open, and sustenance.

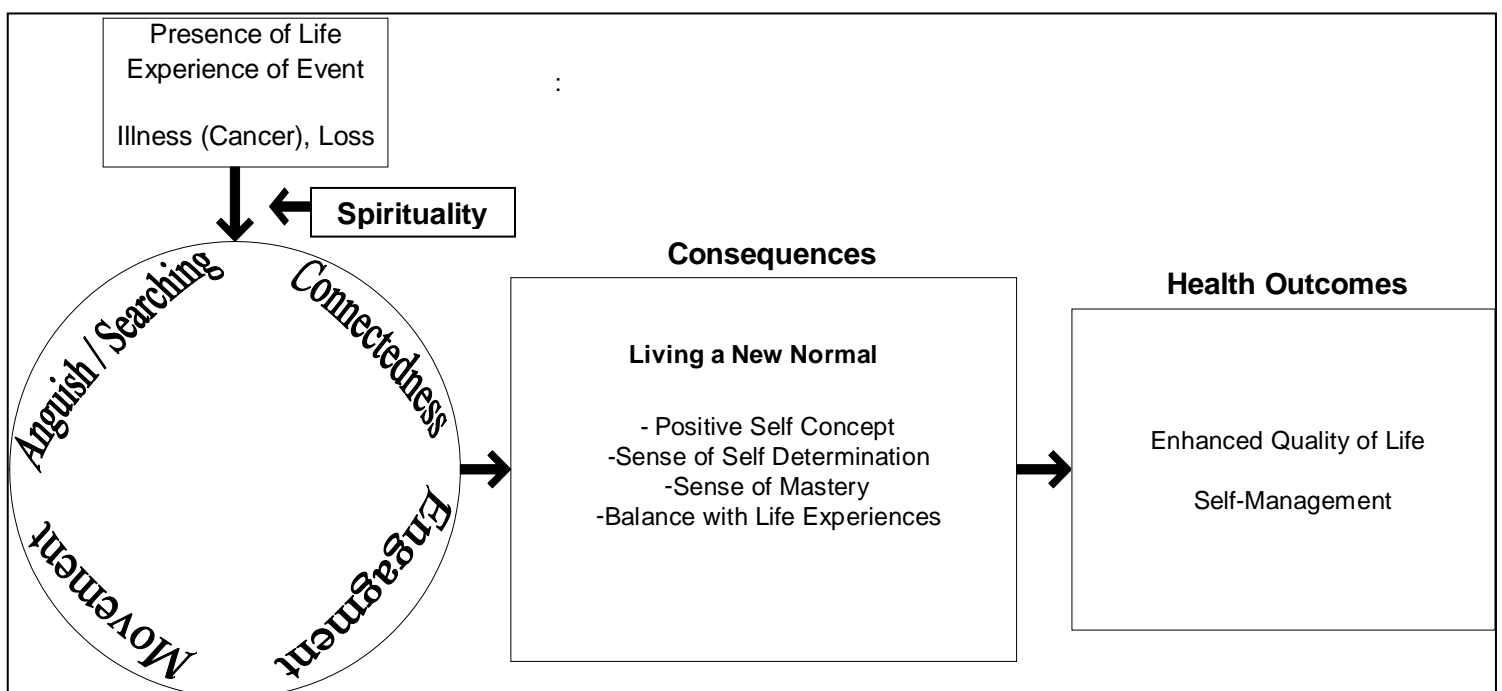
### *Exploration of the theory*

The findings of this study demonstrated relationships of the theoretical concepts related to inner strength guiding spiritual practice. The theory of inner strength describes the developmental process through which cancer survivors can attain a sense of support and nurturance to develop a 'new normal'. Spirituality may promote connectedness, an integral component of inner strength that leads to a sense of self-determination and mastery. Themes emerging from the study were matched to the theory to relate inner strength as a factor of spirituality.

Strong relationships between inner strength, knowing one's personal spirituality and creating a 'new normal' were identified. One participant said "it is partly spiritual, but it's that inner strength that gives you that ability to fight what you have to fight."

Survivors described walking different paths but sharing a journey. These themes support the theory of inner strength model, particularly connectedness by nurturing supportive relationships with self, family, friends, and a spiritual power. Cancer survivors have a positive self- concept which can help them create their 'new normal' after cancer. The expanded theory (Figure 2) displays the importance of self- perceived inner strength and use of support from family, friends, and a higher power to influence spirituality in moving beyond a cancer diagnosis. Spirituality provides a mediating factor that can enhance connectedness and re-establishment of a new normal.

Figure 2. **The theory of inner strength as applied to cancer**



Survivor responses included:

- *“Spiritual care for me is a journey of self-discovery to better understand who I am and find my purpose in life.”*
- *“Critical in the spirituality situation, is building the relationship...figure out what this person’s needs are, and try to assess that.”*
- *“I have that feeling inside myself no matter what I’m faced with, I think I can come through it...it’s that whole spiritual strength inside”.*
- *“Everything was rocking and reeling, but then deep inside there was a calm and peace because of who I am...I had to tap into the resources of my spirit and have my spirit fed in a way that I could overcome this.”*
- *“But it’s really about the relationship, the connection, it’s something staff can do, it’s a way of being...when I can no longer have curing, I want to have caring.”*

## **Discussion**

In identifying themes from focus group data, the major thought process apparent among survivors was the idea of inner strength that motivated them to keep going beyond their cancer diagnosis. Inner strength is having the capacity to build self through a developmental process that positively moves the individual through a challenging life event such as cancer. As individuals move past their diagnosis to treatment and into survivorship, many new experiences can challenge and shape the individual. By studying the theory of inner strength model, it provides the health care professional a guide to equip the cancer patient/family with resources and guidance in moving through this continuum. As many survivors stated, it is a path of acceptance



and looking within to find the strength needed to continue the journey to a new self after cancer. According to the theory, inner strength drives the individuals' ability to create living a new normal. The ultimate outcome is represented by the 'new normal' with expressions of new relationships, activities, understanding, sense of purpose and renewed faith in 'Greater Source of Strength' (Mendes et al., 2010).

The survivor anecdotes demonstrate that spirituality is an important component of dealing with a cancer diagnosis. It was evident that it affects each individual differently, although all participants described some entity greater than themselves. Some described the strength within themselves that they learned to rely on and trust their own actions. Others described their connections to their family, friends, church, a Higher power, or nature as vital pieces that made up a part of themselves. Still others described having faith and hope as elements of the journey that led to creating their 'new normal'. These connections and engagements demonstrate the need for health care providers to be aware of their significance and importance of incorporating these themes into each individual's treatment plan. Also paramount, is the need for health care providers to form relationships that allow them to see each survivor as an individual. This allows interventions to be specific for each individual and for the interdisciplinary team to create a positive environment that will facilitate an enhanced self-management and self-mastery.

### **Implications for Practice**

The theory of inner strength is an effective model to examine expressed needs and concerns of cancer survivors. Application of data to this model enables the

healthcare provider to nurture development of inner strength. Interventions to enhance self-determination and mastery of a 'new normal' following a cancer diagnosis may improve quality of life and self-management. These findings demonstrate that the theory can be used as a framework to assess survivors, help individualize interventions, and to help each attain the strength needed to move beyond a cancer diagnosis. Each individual has a different story, experience and life so it is befitting that each survivor would need unique interventions tailored to meet their specific needs. By assessing one's stage in the model it can help the health care professional gauge what interventions would be most appropriate to help foster inner strength and self-empowerment to create their 'new normal'.

Identifying needs can help provide opportunities for discussion of the individual's fears, needs, concerns, and future. This can then guide personal-needs related to survivor-centered education with necessary referrals. Survivorship can be best attained when individual strengths are the focus of interventions and help guide positive outcomes through self- management and self-mastery.

What is not known however, is if quality of life is improved by developing inner strength in survivors. Further studies should be conducted to test whether quality of life is affected by fostering the development of inner strength and helping survivors achieve a 'new normal'.

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